CMS Manual System

Pub. 100-05 Medicare Secondary Payer

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 41 **Date: OCTOBER 21, 2005**

CHANGE REQUEST 4098

SUBJECT: Full Replacement of and Rescinding Change Request (CR) 3504--Modification to Online Medicare Secondary Payer Questionnaire

I. SUMMARY OF CHANGES: CR3504 was to have made several changes to the "Medicare Secondary Payer Questionnaire." However, only one of the changes was specifically mentioned in CR3504. In addition, none of the changes were incorporated in the Internet Only Manual (IOM). This CR will identify all changes that were made as part of CR3504 and will make additional changes to the model questionnaire. These additional changes will assist providers in identifying other payers that may be primary to Medicare.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: January 21, 2006
IMPLEMENTATION DATE: January 21, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (*N/A if manual not updated.*)
(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	3/20.2.1/Admission Questions to Ask Medicare Beneficiaries

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

X	**Business Requirements**
X	**Manual Instruction**
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Unless otherwise specified, the effective date is the date of service.**

Attachment - Business Requirements

Pub. 100-05	Transmittal: 41	Date: October 21, 2005	Change Request 4098

SUBJECT: Full Replacement of and Rescinding Change Request (CR) 3504--Modification to Online Medicare Secondary Payer Questionnaire

I. GENERAL INFORMATION

A. Background: CR3504 was to have made several changes to the "Medicare Secondary Payer Questionnaire." However, only one of the changes was specifically mentioned in CR3504. In addition, none of the changes were incorporated in the Internet Only Manual (IOM).

B. Policy: We have received concerns that CR3504 did not specify all the changes we made to the "Medicare Secondary Payer Questionnaire." This CR will alert providers to the changes that were made, will incorporate these changes in the IOM, and will make additional changes to the model questionnaire to assist providers in identifying other payers that may be primary to Medicare.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4098.1	Providers should be aware that the "MSP Questionnaire" is a model of the type of questions that may be asked to help identify Medicare Secondary Payer (MSP) situations.									X
4098.2	Providers should add the response "No. Never Employed" to Parts IV and V of the model questionnaire.									X
4098.3	Providers should use "Policy Identification Number" in the model questionnaire to mean a number that is sometimes referred to as the health insurance benefit package number.									X

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4098.4	Providers should add "Membership Number" to Parts IV, V, and VI of the model questionnaire and use it to mean the unique identifier assigned to the policyholder/patient.									X
4098.5	Providers should use "spouse" instead of "family member" in question 2 of Part V of the model questionnaire.									X
4098.6	Providers should modify question 4 of Part V of the model questionnaire to read: Are you covered under the group health plan of a family member other than your spouse? _____Yes. Name and address of your family member's employer: _____ _____No.									X
4098.7	The old question 4 in Part V of the model questionnaire should be modified to say "the GHP" and should become question 5 of Part V.									X
4098.8	Providers should modify question 6 of Part VI of the model questionnaire to read: Was your initial entitlement to Medicare (including simultaneous or dual entitlement) based on ESRD?									X

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4098.9	Contractors shall post this entire instruction, or a direct link to this instruction, on their Web site and include information about it in a listserv message within 1 week of the release of this instruction. In addition, the entire instruction must be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic.	X	X	X	X					

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: January 21, 2006	**No additional funding will be provided by CMS; contractor**

Implementation Date: January 21, 2006 **Pre-Implementation Contact(s):** Suzanne Ripley, (410) 786-0970 **Post-Implementation Contact(s):** Suzanne Ripley, (410) 786-0970	**activities are to be carried out within their FY 2006 operating budgets.**

***Unless otherwise specified, the effective date is the date of service.**

Medicare Secondary Payer (MSP) Manual

Chapter 3 - MSP Provider, *Physician, and Other Supplier* Billing Requirements

20.2.1 - Admission Questions to Ask Medicare Beneficiaries

(Rev. 41, Issued: 10-21-05; Effective/Implementation Dates: 01-21-06)

The following *questionnaire contains* questions *that can be used* to ask Medicare beneficiaries upon each inpatient and outpatient admission. Providers *may use this* as a guide to help identify other payers that may be primary to Medicare. *This questionnaire is a model of the type of questions that may be asked to help identify Medicare Secondary Payer (MSP) situations. If you choose to use this questionnaire, please note that it was developed to be used in sequence. Instructions are listed after the questions to facilitate transition between questions. The instructions will direct the patient to the next appropriate question to determine MSP situations.*

Part I

1. Are you receiving Black Lung (BL) Benefits?

___ Yes; Date benefits began: *MM/DD/CCYY*

BL IS PRIMARY ONLY FOR CLAIMS RELATED TO BL.

___ No.

2. Are the services to be paid by a government program such as a research grant?

___ Yes; Government Program will pay primary benefits for these services

___ No.

3. Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for care at this facility?

___ Yes.

DVA IS PRIMARY FOR THESE SERVICES.

___ No.

4. Was the illness/injury due to a work related accident/condition?

___ Yes; Date of injury/illness: *MM/DD/CCYY*

Name and address of WC plan:

_____

Policy or identification number: _____

Name and address of your employer:

_____

WC IS PRIMARY PAYER ONLY FOR CLAIMS RELATED TO WORK RELATED INJURIES OR ILLNESS, GO TO PART III.

___ No. **GO TO PART II.**

Part II

1. Was illness/injury due to a non-work related accident?

___ Yes; Date of accident: *MM/DD/CCYY*

___ No. **GO TO PART III**

2. What type of accident caused the illness/injury?

___ Automobile.

___ Non-automobile.

Name and address of no-fault or liability insurer:

_____

_____

_____

Insurance claim number: _____

NO-FAULT INSURER IS PRIMARY PAYER ONLY FOR THOSE CLAIMS RELATED TO THE ACCIDENT. GO TO PART III.

___ Other

3. Was another party responsible for this accident?

___ Yes;

Name and address of any liability insurer:

_____

_____

_____

Insurance claim number: _____

LIABILITY INSURER IS PRIMARY PAYER ONLY FOR THOSE CLAIMS RELATED TO THE ACCIDENT. GO TO PART III.

___ No. **GO TO PART III**

Part III

1. Are you entitled to Medicare based on:

___ Age. **Go to Part IV.**

___ Disability. **Go to Part V.**

___ ESRD. **Go to Part VI.**

Part IV - Age

1. Are you currently employed?

___ Yes.

Name and address of your employer:

_____

_____

_____

___ No. Date of retirement: *MM/DD/CCYY*

___*No. Never Employed.*

2. Is your spouse currently employed?

___ Yes.

Name and address of spouse's employer:

_____

_____

_____

___ No. Date of retirement: *MM/DD/CCYY*

___*No. Never Employed.*

IF THE PATIENT ANSWERED "NO" TO BOTH QUESTIONS 1 AND 2, MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART I OR II. DO NOT PROCEED FURTHER.

3. Do you have group health plan (GHP) coverage based on your own, or a spouse's current employment?

___ Yes.

___ No. **STOP. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED YES TO THE QUESTIONS IN PART I OR II.**

4. Does the employer that sponsors your GHP employ 20 or more employees?

___ Yes. **STOP. *GHP* IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

Name and address of GHP:

_____

_____

_____

Policy identification number *(this number is sometimes referred to as the health insurance benefit package number)*: _____

Group identification number: _____

Membership number (prior to the Health Insurance Portability and Accountability Act (HIPAA), this number was frequently the individual's Social Security Number (SSN); it is the unique identifier assigned to the policyholder/patient):

_____

Name of policyholder*/named insured*: _____

Relationship to patient: _____

___ No. **STOP. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART I OR II.**

Part V - Disability

1. Are you currently employed?

___ Yes.

Name and address of your employer:

_____

_____

_____

___ No. Date of retirement: *MM/DD/CCYY*

___*No. Never Employed.*

2. *If married, is your spouse* currently employed?

___ Yes.

Name and address of your *spouse's* employer:

_____

_____

_____

___ *No. Date of retirement: MM/DD/CCYY*

___*No. Never Employed.*

IF THE PATIENT ANSWERED "NO" TO BOTH QUESTIONS 1 AND 2, MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART I OR II. DO NOT PROCEED FURTHER.

3. Do you have group health plan (GHP) coverage based on your own, or a family member's current employment?

___ Yes.

___ No. **STOP. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED "YES" TO THE QUESTIONS IN PART I OR II.**

4. Are you covered under the group health plan of a family member other than your spouse?

_____*Yes.*

Name and address of your family member's employer:

_____

_____

_____

_____*No.*

5. Does the employer that sponsors *the* GHP employ 100 or more employees?

___ Yes. **STOP. GROUP HEALTH PLAN IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

Name and address of GHP:

_____

_____

_____

Policy identification number *(this number is sometimes referred to as the health insurance benefit package number)*: _____

Group identification number: _____

Membership number (prior to HIPAA, this number was frequently the individual's SSN; it is the unique identifier assigned to the policyholder/patient):

_____

Name of policyholder*/named insured*: _____

Relationship to patient: _____

___ No. **STOP. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART I OR II.**

Part VI - ESRD

1. Do you have group health plan (GHP) coverage?

*If yes, n*ame and address of GHP:

_____

_____

_____

Policy identification number *(this number is sometimes referred to as the health insurance benefit package number*: _____

Group identification number: _____

Membership number (prior to HIPAA, this number was frequently the individual's SSN; it is the unique identifier assigned to the policyholder/patient):

_____

Name of policyholder */named insured*: _____

Relationship to patient: _____

Name and address of employer, if any, from which you receive GHP coverage:

_____

_____

_____

___ No. **STOP. MEDICARE IS PRIMARY.**

2. Have you received a kidney transplant?

___ Yes. Date of transplant: *MM/DD/CCYY*

___ No.

3. Have you received maintenance dialysis treatments?

___ Yes. Date dialysis began: *MM/DD/CCYY*

If you participated in a self-dialysis training program, provide date training started: CCYY/MM/DD

___ No

4. Are you within the 30-month coordination period *that starts MM/DD/CCYY? (The 30-month coordination period starts the first day of the month an individual is eligible for Medicare (even if not yet enrolled in Medicare) because of kidney failure (usually the fourth month of dialysis. If the individual is participating in a self-dialysis training program or has a kidney transplant during the 3-month waiting period, the 30-month coordination period starts with the first day of the month of dialysis or kidney transplant.)*

___ Yes

___ No. **STOP. MEDICARE IS PRIMARY.**

5. Are you entitled to Medicare on the basis of either ESRD and age or ESRD and disability?

___ Yes.

___ No.

6. *Was your initial entitlement to Medicare (including simultaneous or dual entitlement) based on ESRD?*

___ Yes. **STOP. GHP CONTINUES TO PAY PRIMARY DURING THE 30-MONTH COORDINATION PERIOD.**

___ No. **INITIAL ENTITLEMENT BASED ON AGE OR DISABILITY.**

7. Does the working aged or disability MSP provision apply (i.e., is the GHP primarily based on age or disability entitlement?

___ Yes. **STOP. GHP CONTINUES TO PAY PRIMARY DURING THE 30-MONTH COORDINATION PERIOD.**

___ No. **MEDICARE CONTINUES TO PAY PRIMARY.**

If no MSP data are found in *the Common Working File (*CWF*)* for the beneficiary, the provider still asks the *types of* questions *above* and provides any MSP information on the bill using the proper uniform billing codes. This information will then be used to update CWF through the billing process.